IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT

(1) PHILIP SANDERS, an Individual and Husband and Next of Kin of BRENDA JEAN SANDERS, Deceased,

Plaintiff,

- VS -

TURN KEY HEALTH CLINICS, a limited liability company.

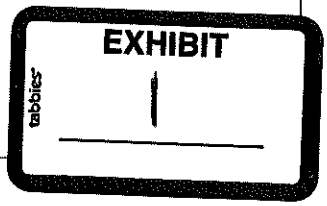
Defendant.

Case No.: 17-cv-492-JHP-FHM

ZOOM DEPOSITION OF ALEX JOHN, M.D., taken on behalf of the Plaintiff, before Elise Grayson Cruchon, Certified Shorthand Reporter, in Destin, Florida, on the 16th day of March, 2021, pursuant to stipulations of the parties.

ELISE GRAYSON CRUCHON, CSR

REPORTED BY:
Elise Grayson Cruchon, CSR
440 South Houston
Suite 114
Tulsa, Ok 74127



four-year training is anatomic and clinical pathology.

Q. And what is anatomic?

A. Anatomic pathology is when we look at the tissue. And clinical is more to do with the blood and body fluids. Although, it's a very difficult line to differentiate the two, but that's broadly how you can classify.

Q. And so your role was whatever samples or fluids were taken, they'd then be provided to you to run tests; is that accurate?

A. If the -- In the practice of integrated medicine, you are a specialist in one area. But that practice of medicine, all the other information that's -- that can be obtained also feeds into your final opinion.

Q. Did you understand my question?

A. Yes. So let me give you an example. In the four-years training as a pathologist, if the biopsy or a cancer is taken out by a surgeon, and sent to the pathology lab for a diagnosis, then the data that is collected by the pathologist, begins with the surgeon or the physician documenting his findings, where the tumor was, how big the tumor was, how it felt,

what are the other signs and symptoms that the patient is exhibiting, all that data.

Then, secondarily, if the tissue comes from the operating room, then the operative note in which how the tumor looked like, where the tumor was located, and was there any other blood work that was done, including the radiology, how the tumor appeared on the X-rays.

And then, eventually, the last piece of the puzzle is -- then use that tissue to look under the microscope and then do all the testing. So it is a collaborative work rather than just getting a tissue and then telling me the diagnosis. That is not how it usually works.

Q. I guess that takes me back to -- because you lost me a long time ago. On this team approach, I take it your position was as the pathologist; is that correct?

A. Correct.

Q. And in your role you do not determine what treatment the patient would receive, correct?

A. The outcome or the treatment is based on the diagnosis, which I give.

Q. Back to my question, you don't decide the treatment that the patient will receive, correct?
A. Correct.
Q. Have you ever been an emergency room physician?
A. Just the two years of mandatory service in which I was treating patients that come to my hospital and my clinic.
Q. And just to get an idea of that situation, how many patients would you treat in the emergency room, say, in a month during those two years?
A. It was more hospital, so I would get maybe one or two patients. On an average, maybe six or seven patients a week.
Q. So you would see a total of six to seven patients a week in the clinic?
A. Just as an emergency. There would be a patient that would come in the office that was nonemergency.
Q. So in a given week you would average six to seven patients in the emergency room; is that correct?
A. Correct.
Q. What type of emergencies would you

predominantly see in those six to seven patients a week?

A. The emergencies were usually traumas and snake bites and labor and delivery, people coming in because they are showing up and expecting a childbirth, things like that.

Q. So when you're talking trauma patients, you're talking someone that's been in an auto accident, gunshot, knife wound, any type of a blunt force injury; is that correct?

A. And poisoning and exposure to elements.

Q. So predominantly the six to seven patients that you would see would fall in the area of trauma as you defined it, and labor issues for pregnant ladies; is that correct?

A. Yeah. Then, you know, you have the heart attacks and natural diseases.

Q. I caught heart attacks. I didn't get catch the last one.

A. Natural diseases.

Q. What percentage of the people you would see out of that -- Well, in a given month it looks like you'd see 24 to 28 patients. How many of those would be natural-cause patients?

A. I would not be able to give you any numbers.

There was no way for me to track those numbers.

MR. RICHARDSON: All right. If you just give me one second. We don't need to go off the record. I'm going to get another pen. That one quit writing.

Q. (BY MR. RICHARDSON) In those two years that you were working in the clinic, how many patients did you treat in the emergency room, that were dealing with the same issues that Ms. Sanders was dealing with, when she was taken to the emergency room?

A. I -- I -- There was no way for me to track those numbers.

Q. Well, do you remember ever treating anyone that was suffering from the issue that Ms. Sanders was at the time that she was taken to the hospital?

A. I remember having examined them, and because it was a small hospital, we would diagnose them, stabilize them and refer them to a larger center.

Q. All right. So if someone came in with symptoms similar to Ms. Sanders, you would stabilize and send her on to another facility;

is that correct?
A. Correct.
Q. Have you ever treated anyone on a long-term basis for any of the conditions that Ms. Sanders presented at the hospital?
A. No.
Q. Have you ever treated anyone like Ms. Sanders consistent with the treatment that she was receiving from her primary care physician and from the Indian health medical center?
A. No.
Q. And your no to both of those answers is from the time that you started medical school until today's date, correct?
A. Correct.
Q. You don't treat patients, you work on a team where there's a physician or physicians that are in the role of actually treating the patient, correct?
A. Well, when you say treat, what do you mean by treat? Because every physician is in a different -- even a radiologist, who looks at X-ray, treats the patient in some way shape or form.
Q. Right.

A. If you're asking me if I do surgeries to make them better or prescribe medications, yeah, that's not what I do.
Q. Right. I'm not trying to downplay your role. I'm just trying to identify your role. Your role is to take samples, run tests to determine what disease process may be going on with those samples, provide your information back to the physicians, that are hands-on treating the patient, for them to determine what treatment those patients need and how to carry that out?
A. My job is to help -- to give a diagnosis, that's correct.
Q. So after you finished your four years of residency at the University of Oklahoma, what was your next job?
A. I went on to specialize further in forensic pathology, and I accepted a Fellowship training in the Harris County Medical Examiner's Office in Texas, Houston, Texas.
Q. What year did you go to Harris County?
A. That was 2010, 2011. It was a one-year training.
Q. And where did you go whenever you left Harris

EXHIBIT 1

County in 2011?

A. After that I accepted a position in the Office of the Chief Medical Examiner in Oklahoma. It was based in Tulsa, Oklahoma.

Q. And who was the chief medical examiner?

A. At that time, the chief medical examiner was Dr. Pfeifer.

MR. YOUNG: What was that name?

THE WITNESS: Name was Dr. Pfeifer, Eric Pfeifer.

MR. YOUNG: Thanks.

Q. (BY MR. RICHARDSON) Ever work with Dr. DiStefano?

A. Dr. DiStefano retired a few years before I joined that practice.

Q. So at the Office of Chief Medical Examiner in Tulsa, Oklahoma, what was your position?

A. I was employed as a forensic pathologist.

Q. What is it, a forensic pathologist? What is their role?

A. So there's different terminologies used, but it pretty much -- the role is the same, you know, medical examiner, forensic pathologist, some people say coroner. When you have a physician in that role, the role is pretty